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ABSTRACT

This digest briefly summarizes the parallel development of outdoor education and outdoor therapeutic programs for troubled and adjudicated youth, describes the rationale supporting outdoor approaches, and reports related research and evaluation findings. First attempts to use the outdoors as a healing environment were "tent therapy" programs at state psychiatric hospitals in the early 1900s. The mid-1900s saw the start of more sophisticated camping programs for troubled youth that included observation, diagnosis, and psychotherapy components. The first therapeutic wilderness programs included the perception of danger and immediate natural consequences of participant noncooperation. At the same time, experience-based programming was developing in schools and universities. The two movements had many common influences, including the ideas of John Dewey and Kurt Hahn. Since the 1970s, the number and types of outdoor programs geared specifically to troubled youth have increased dramatically. Outdoor settings allow staff and youth to relate in new nonverbal ways, provide a new environment with new possibilities, encourage participants to face their fears, and create interdependence among group members. Many mental health programs for youth use the outdoor environment, but their therapeutic programs are often quite vague. Court-related programs are usually residential, long-term, and designed as an alternative to incarceration. Although the research on outdoor programs has been sparse, available evidence suggests positive impacts on self-esteem in both mental health and court programs, as well as reductions in delinquency recidivism rates. This digest includes suggestions for further research and information on resources. Contains nine references. (SV)

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OUTDOOR EDUCATION AND TROUBLED YOUTH

ERIC DIGEST

By: Dene S. Berman and Jennifer Davis-Berman

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Outdoor Education and Troubled Youth

Dene S. Berman and Jennifer Davis-Berman

ERIC DIGEST

OUTDOOR EDUCATORS have explored the therapeutic uses of camping, expeditions, and challenge courses since the 1930s. This Digest provides a brief historical synopsis of the parallel development of both outdoor education and outdoor therapeutic programs in working with troubled and adjudicated youth. The Digest also describes the rationale supporting the use of outdoor approaches, the findings from a recent study of outdoor therapeutic methods, and the findings from the few research and evaluation studies that have been conducted to measure the effect of these approaches.

Historical Roots

Some of the earliest attempts using the out-of-doors as a healing environment took place in the "tent therapy" programs at state hospitals during the early 1900s (Davis-Berman & Berman, 1994). For a brief period, a number of articles appeared in the psychiatric literature reporting the therapeutic benefits of moving certain psychiatric patients out of the buildings and into tents set up on the lawns of psychiatric hospitals. Although these programs provided anecdotal evidence of benefits for the patients, they were haphazard at best. By 1920, such accounts disappeared from the literature.

In the mid-1900s, more sophisticated camping programs for troubled youth began, some that included observation, diagnosis, and psychotherapy components. The University of Michigan Fresh Air Camp employed trained counselors and staff psychologists to treat campers selected because of their mental health problems. Similarly, the Salesmanship Club Camp (Dallas, Texas) was founded in 1946 to serve emotionally troubled children. Its founder, Campbell Loughmiller, believed therapeutic wilderness programs should include the perception of danger and immediate natural consequences for lack of cooperation on the part of campers. According to Loughmiller, successfully confronting danger built self-esteem, and suffering natural consequences taught the real need for cooperation.

A parallel development of experience-based programming also was taking place in schools and universities, beginning midcentury and continuing on into the 1970s. The two movements had many common influences, including early thinkers such as John Dewey (1938) and Kurt Hahn, an important figure in the international development of the Outward Bound program beginning in the 1940s. Hahn believed that it was essential to develop both the bodies and minds of students. He was also strongly committed to the notion of community and service (James, 1993). These early ideas helped shape Outward Bound as one of the most influential experiential programs operating to this day. The interested reader is referred to Miner and Boldt (1981) and James (1993) for a history of Outward Bound.

From the decade of the 1970s to the present day, there has been growing interest in experiential learning and outdoor programs. The Project Adventure program, bringing experiential methods and techniques into the public school, was founded in 1971. On an international level, the Association for Experiential Education was officially founded in 1977, as was the Wilderness Education Association (contact information for these organizations is listed at the end of this Digest).

Since the 1970s, there has been a dramatic increase in the number and types of outdoor programs geared specifically toward troubled youth. Prior to discussing these programs we will briefly review the rationale behind the use of the out-of-doors in working with troubled youth.

Why Use the Out-Of-Doors?

There are aspects of traditional program settings that inhibit the emotional growth and education of some individuals. Most change efforts involve verbal interchanges between staff and participant. This is not an effective way of reaching many people, especially adolescents who may be resistant to talking or who lack trust in adult authority figures. Outdoor programs offer a physically active way for staff and participants to relate to one another, so the emphasis is not solely on talk.

Outdoor programs also place troubled youth in unique settings where they are often quite unsure of themselves. Moving out of the usual environment sometimes serves to reduce defensiveness and change relationships with adult leaders. Many programs incorporate an element of perceived risk, thereby encouraging participants to move beyond their comfort zones and face their issues and fears. Finally, many outdoor programs use a small-group format and encourage interdependence among group members. In expedition programs, where participants and leaders venture out into natural settings for extended periods of time, the 24-hour-a-day group experience becomes very powerful.

Varieties of Programs

For purposes of this Digest, we define troubled youth as those who have mental health problems (diagnosed by a psychiatrist and considered in need of counseling) or who are in the juvenile court system. The vast majority of programs for youths fall under these two categories.

Mental health programs. Information about mental health programs was solicited in a national survey conducted by Davis-Berman, Berman, and Capone (1994). The results included several major findings:

- programs can be categorized as inpatient, outpatient, residential, or expedition types;
- the *majority of all programs* are offered by private agencies;

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- *most inpatient programs* are also run by private agencies;
- taken together, the programs deal with a wide range of problems and issues of youth; and
- the most common problems and concerns include behavioral problems, school and family problems, conduct disorders, self-esteem issues, depression, and suicidal ideation.

The extent of the use of the outdoor environment varied among the mental health programs. Some programs, most notably those based in hospitals, use the outdoors primarily through a ropes course experience. Other programs offer backpacking or canoeing programs for youth who live in the surrounding community (they return to their homes after trips). Still others offer more lengthy expeditions. Participants in expedition programs usually reside at a base camp, from which they travel.

The therapeutic approaches reported by these programs are often quite vague. Those programs that focus on substance abuse issues use a 12-step approach. Others mention "metaphor therapy," while some rely on more traditional individual and group therapy approaches in their outdoor settings.

Court Programs. There are far greater numbers of mental health programs than there are court-related programs for juveniles. However, there is a great deal of overlap between these categories. The majority of court-related programs are residential in nature and long-term in their approach. They are often designed as an alternative to traditional incarceration, and usually involve expeditions led out of a more traditional treatment center setting. Some programs have juveniles living in a base camp setting year round, augmented by intensive wilderness outings run from the base camp. Other court-related programs use the outdoor environment to a lesser extent. These programs use some of the ropes course experiences or run short wilderness excursions.

Do These Programs Work?

The effectiveness of outdoor therapeutic programs is a critical issue, particularly when such programs are used as alternatives to either incarceration or hospitalization for troubled youth. A comprehensive discussion of the research in this area is beyond the scope of this Digest. The interested reader is referred to the literature for in-depth review and discussion of research issues (e.g., Davis-Berman & Berman, 1994; Gass, 1993; Miles & Priest, 1990). Generally, the research on outdoor programs has been sparse and has had some methodological difficulties. However, a number of good studies have been done, which have provided evidence of the effectiveness of these programs:

- Studies of mental health programs have shown widely reported increases in self-esteem of participants and a positive impact on self efficacy.
- Evaluation studies on delinquency programs have shown similar positive gains in self-esteem and reductions in recidivism rates compared with participants involved in traditional programs.
- A recent meta-analysis (Cason & Gillis, 1994) of 43 research studies using experiential education techniques with troubled youth found effect sizes in the moderate range.

These studies suggest generally positive results for outdoor programs for troubled teens, but more research needs to be done. Presently most mental health programs are not evaluating their effectiveness and those that do often have methodological problems.

Critical Issues and Resources

Unanswered questions in this field that would benefit from more study include the following:

- What can adventure education contribute to therapeutic programs?
- For which participants are outdoor approaches most effective?
- To what standards should therapeutic programs be held accountable?
- What should be the qualifications for professional staff in this field?

Yet, enough anecdotal evidence from early programs and evaluation results from recent programs exists to warrant positive statements about the usefulness of outdoor programs in addressing the needs of this complex and challenging group of young people.

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